

**NORTH DAKOTA MEDICAID
DME Rental Fee Schedule Effective 7/1/2006**

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	Yes	1 Per Month.	Yes		\$107.78
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	Yes	1 Per Month.	Yes		\$107.78
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Yes	1 Per Month.	Yes		\$365.00
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	Yes	1 Per Month.	Yes		\$365.00
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	No	1 Per Month.	Yes		\$6.13
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	No	1 Per Month.	Yes		\$3.92
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	No	1 Per Month.	Yes		\$2.08
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month.	Yes		\$6.65
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month.	Yes		\$9.14
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	No	1 Per Month.	Yes		\$26.23
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	No	1 Per Month.	Yes		\$49.27
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	No	1 Per Month.	Yes		\$10.60
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	No	1 Per Month.	Yes		\$16.58
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	No	1 Per Month.	Yes		\$5.29
E0154	PLATFORM ATTACHMENT, WALKER, EACH	No	1 Per Month.	Yes		\$5.72
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	No	1 Per Month.	Yes		\$2.45
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	No	1 Per Month.	Yes		\$2.57
E0162	SITZ BATH CHAIR	No	1 Per Month.	Yes		\$11.50
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	No	1 Per Month.	Yes		\$8.09
E0164	COMMODE CHAIR, MOBILE, WITH FIXED ARMS	No	1 Per Month.	Yes		\$14.20
E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	No	1 Per Month.	Yes		\$13.83
E0166	COMMODE CHAIR, MOBILE, WITH DETACHABLE ARMS	No	1 Per Month.	Yes		\$17.12
E0180	PRESSURE PAD, ALTERNATING WITH PUMP	Yes	1 Per Month.	Yes		\$17.63
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	Yes	1 Per Month.	Yes		\$19.52
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Yes	1 Per Month.	Yes		\$23.03
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	No		Yes		\$0.00
E0194	AIR FLUIDIZED BED	No		Yes		\$0.00
E0196	GEL PRESSURE MATTRESS	Yes	1 Per Month.	Yes		\$28.08
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Month.	Yes		\$14.31
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Month.	Yes		\$18.99
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	No	7 days Per Lifetime.	Yes		\$46.20
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$72.78
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$73.38
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$82.20
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$68.67
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$116.00
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$99.67
E0271	MATTRESS, INNERSPRING	No	1 Per Month.	Yes		\$17.33

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E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Yes	1 Per Month.	Yes		\$715.48
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$63.70
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$44.18
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$71.93
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$61.65
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$102.75
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$100.70
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$247.00
E0305	BED SIDE RAILS, HALF LENGTH	No	1 Per Month.	Yes		\$16.19
E0310	BED SIDE RAILS, FULL LENGTH	No	1 Per Month.	Yes		\$14.74
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Yes	1 Per Month.	Yes		\$591.27
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month.	Yes		\$199.34
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month.	Yes		\$25.67
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	Yes	1 Per Month.	Yes		\$31.83
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING AND REFILL ADAPTOR	Yes	1 Per Month.	Yes		\$32.11
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	Yes	1 Per Month.	Yes		\$199.15
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	No		Yes		\$55.00
E0450	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	No	1 Per Month.	Yes		\$980.24
E0457	CHEST SHELL (CUIRASS)	No	1 Per Month.	Yes		\$63.08
E0461	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	No	1 Per Month.	Yes		\$1,027.51
E0463	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)	No	1 Per Month.	Yes		\$1,191.91
E0464	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	No	1 Per Month.	Yes		\$1,191.91
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	1 Per Month.	Yes		\$136.02
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	1 Per Month.	Yes		\$136.02
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	No	1 Per Month.	Yes		\$34.93
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	No	1 Per Month.	Yes		\$343.19
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	No	1 Per Month.	Yes		\$842.77
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	No	1 Per Month.	Yes		\$51.37
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	No	1 Per Month.	Yes		\$14.25
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per Month.	Yes		\$9.15
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per Month.	Yes		\$24.64
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	No	1 Per Month.	Yes		\$42.77
E0570	NEBULIZER, WITH COMPRESSOR	No	1 Per Month.	Yes		\$5.28
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No	1 Per Month.	Yes		\$33.02
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	Yes	1 Per Month.	Yes		\$53.73
E0615	PACEMAKER MONITOR, SELF-CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	No	1 Per Month.	Yes		\$35.75

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E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Yes	1 Per Month.	Yes		\$170.57
E0619	APNEA MONITOR, WITH RECORDING FEATURE	Yes	1 Per Month.	Yes		\$170.41
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	No	1 Per Month.	Yes		\$27.19
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	No	1 Per Month.	Yes		\$88.11
E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	Yes	1 Per Month.	Yes		\$29.56
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	Yes	1 Per Month.	Yes		\$30.83
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Yes	1 Per Month.	Yes		\$259.94
E0776	IV POLE	No	1 Per Month.	Yes		\$8.81
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Yes	1 Per Month.	Yes		\$209.42
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Yes	1 Per Month.	Yes		\$344.00
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	Yes	1 Per Month.	Yes		\$256.87
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	No		Yes		\$51.32
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	No	1 Per Month.	Yes		\$7.99
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	No	1 Per Month.	Yes		\$40.63
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	No	1 Per Month.	Yes		\$7.02
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	No	1 Per Month.	Yes		\$9.79
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	No	1 Per Month.	Yes		\$7.95
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	No	1 Per Month.	Yes		\$15.66
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	No	1 Per Month.	Yes		\$47.27
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	No	1 Per Month.	Yes		\$30.83
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	No	1 Per Month.	Yes		\$8.66
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	No	1 Per Month.	Yes		\$1.62
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month.	Yes		\$16.84
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month.	Yes		\$8.21
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month.	Yes		\$11.80
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	No	1 Per Month.	Yes		\$34.62
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	No	1 Per Month.	Yes		\$2.48
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	No	1 Per Month.	Yes		\$4.53
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	No	1 Per Month.	Yes		\$8.98
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	No	1 Per Month.	Yes		\$3.50
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	No	1 Per Month.	Yes		\$4.16
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	No	1 Per Month.	Yes		\$3.88
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	No	1 Per Month.	Yes		\$9.75
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	No	1 Per Month.	Yes		\$7.90
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	No	1 Per Month.	Yes		\$17.16
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	No	1 Per Month.	Yes		\$30.75
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$129.47
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	1 Per Month.	Yes		\$97.62
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Yes	1 Per Month.	Yes		\$76.03
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month.	Yes		\$90.42

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E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month.	Yes		\$105.83
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month.	Yes		\$106.86
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Yes	1 Per Month.	Yes		\$92.94
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month.	Yes		\$89.91
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Yes	1 Per Month.	Yes		\$84.89
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$59.60
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$47.78
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$61.65
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	No	1 Per Month.	Yes		\$38.65
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	Yes	1 Per Month.	Yes		\$89.40
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$73.46
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$94.18
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Yes	1 Per Month.	Yes		\$104.80
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	No	1 Per Month.	Yes		\$12.48
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Yes	1 Per Month.	Yes		\$65.45
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No	1 Per Month.	Yes		\$43.32
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	No	1 Per Month.	Yes		\$31.66
E2320	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, AND FIXED MOUNTING HARDWARE	No	1 Per Month.	Yes		\$95.00
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	No	1 Per Month.	Yes		\$132.42
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	No	1 Per Month.	Yes		\$208.64
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	No	1 Per Month.	Yes		\$38.29
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	No	1 Per Month.	Yes		\$8.30
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	No	1 Per Month.	Yes		\$9.16
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	No	1 Per Month.	Yes		\$20.84
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	No	1 Per Month.	Yes		\$35.93
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	Yes	1 Per Month.	Yes		\$1,761.48
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No	1 Per Month.	Yes		\$7.40
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No	1 Per Month.	Yes		\$24.63
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	No	1 Per Month.	Yes		\$49.10
K0001	STANDARD WHEELCHAIR	Yes	1 Per Month.	Yes		\$41.48
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Yes	1 Per Month.	Yes		\$67.43
K0003	LIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month.	Yes		\$71.75
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month.	Yes		\$107.00
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month.	Yes		\$154.00
K0006	HEAVY DUTY WHEELCHAIR	Yes	1 Per Month.	Yes		\$100.00
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Yes	1 Per Month.	Yes		\$146.07
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	Yes	1 Per Month.	Yes		\$420.00
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes	1 Per Month.	Yes		\$264.41

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K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	No	1 Per Month.	Yes		\$2.40
K0019	ARM PAD, EACH	No	1 Per Month.	Yes		\$1.44
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	No	1 Per Month.	Yes		\$6.46
K0045	FOOTREST, COMPLETE ASSEMBLY	No	1 Per Month.	Yes		\$4.25
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	No	1 Per Month.	Yes		\$8.66
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	No	1 Per Month.	Yes		\$8.83
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	No	1 Per Month.	Yes		\$1.67
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	Yes	1 Per Month.	Yes		\$244.55